



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1254

SERIAL NUMBER 10/646,770	FILING OR 371(c) DATE 08/25/2003 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF132P3D2
------------------------------------	---	---------------------	-------------------------------	---

APPLICANTS
 Haodong Li, Gaithersburg, MD;
 Mark D. Adams, Rockville, MD;
 Solange H. Gentz, Belo Horizonte-MG, BRAZIL;
 Ralph Alderson, Gaithersburg, MD;
 Yuling Li, Germantown, MD;
 David Parmelee, Rockville, MD;
 John R. White, Coatesville, PA;
 Edward R. Appelbaum, Blue Bell, PA;

**** CONTINUING DATA *******
 This application is a DIV of 09/717,209 11/22/2000 PAT 6,673,344 which is a DIV of 08/613,822 02/23/1996 PAT 6,174,995
 which is a CIP of PCT/US94/09484 08/23/1994
 and is a CIP of 08/462,967 06/05/1995 ABN
 and is a CIP of 08/458,355 06/02/1995 PAT 5,981,230
OK PM 6/27/06

**** FOREIGN APPLICATIONS *******
none PM 6/27/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 11/18/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 10	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>PM 6/27/06</i> Examiner's Signature _____ Initials _____				

ADDRESS
22195

TITLE
Antibodies to MCP-4

FILING FEE RECEIVED 930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit